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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

" Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

AF	or the	2011 calendar year, or tax year beginning 9-1 , 2011, and ending	8-31	, 20 12
Вс	heck if ap	-	imployer identif	
	Address c			18013
_	Name cha		elephone numb	er
=	nitiel retui	1001 E. Idildidok Suite A	580.48	32.5211
=	l'erminate Amended	City or town, state or country, and ZiP + 4	Group Exempt	ion
=	Application	Alma OV 72521	Number 🕨	1480
1			ck 🕨 🗹 if the	organization is not
	Vebsit		ired to attach	•
.1 T			m <mark>990, 990-E</mark> Z	, or 990-PF).
. —	Check >		nd its gross red	eipts are normally
		than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	-	•
		nization chooses to file a return, be sure to file a complete return.		•
LA		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pal	rt II,	
e lir		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ e	123,325.98
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions for	
()	`	Check if the organization used Schedule O to respond to any question in this Part I.		-
97. þ	1	Contributions, gifts, grants, and similar amounts received	1	
ŀ		Program service revenue including government fees and contracts	2	
- 1	2		3	17 224 00
ľ	3	Membership dues and assessments	·	17,234.00
	4	Investment income	. 4	41.21
	5a	Gross amount from sale of assets other than inventory		
-	b	Less: cost or other basis and sales expenses		
•	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	
'	6	Gaming and fundraising events		
,	а	Gross income from gaming (attach Schedule G if greater than	97.5	
;		\$15,000)		
	b	Gross income from fundraising events (not including \$ of contributions		
		from fundralsing events reported on line 1) (attach Schedule G if the	18 Mel	
	ļ	sum of such gross income and contributions exceeds \$15,000) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra-	ct	
	1	line 6c)	- 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract-line.7b from-line.7a)	. 7c	
	8	Other revenue (describe in Schedule O)	. 8	106,050.77
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	123,325.98
	10	Grants and similar amounts paid (list in Schedule O) 6 3 7000	. 10	
	11	Benefits paid to or for members	. 11	11,466.21
2	12	Salaries, other compensation, and employee benefits	. 12	71,788.30
Expenses	13	Professional fees and other payments to independent contractors	. 13	420.00
夏	14	Occupancy, rent, utilities, and maintenance	. 14	24,925.95
ᄶ	15	Printing, publications, postage, and shipping	. 15	1,051.09
_	16	Other expenses (describe in Schedule O)	L	15,379.82
	17	Total expenses. Add lines 10 through 16		125,031.37
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		(1,705.39)
ਬ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wr		(1,700.38)
ğ		end-of-year figure reported on prior year's return)	1 1	295 220 25
Net Assets	000		L	225,238.95
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)		000 000
	21		▶ 21	223,533.56
For	· Paper	work Reduction Act Notice, see the separate instructions. Cat No 10642	Fo	orm 990-EZ (2011)

Da	Balance Sheets. (see the instructions	for Part II)				
ra	Check if the organization used Schedule		ny question in this	Part II		🔽
	Officer in the organization accertation	O to reopend to di	, , 40001101111111110	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		F	18,128.22		16,398.14
22 23	Land and buildings			283,580.44	$\overline{}$	275,285.05
24	Other assets (describe in Schedule O)			3,821.79		2,148.28
25	Total assets			305,530.45		293,831.47
26				80,291.50		70,297.91
27	Net assets or fund balances (line 27 of column		line 21)	225,238.95		223,533.56
	Statement of Program Service Accomp				21	223,333.50
Гаі	Check if the organization used Schedule					Expenses
M/ha	t is the organization's primary exempt purpose?			1 di Ciii		uired for section c)(3) and 501(c)(4)
						nizations and section
Desc	cribe the organization's program service accomplis	shments for each of	its three largest p	rogram services,		(a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	s services provided	, the number of	for o	thers.)
28	Dis benefited, and other relevant information for ou	on program duo.				1
20						
	(Onnte A	includes foreign gra	nto chook horo		28a	
~~	<u> </u>			🕨 🗆	208	
29						
	\ M4hin amanan	In all rates de maiors anno			~ ~-	21/0
	(Grants \$) If this amount	includes foreign gra	nts, check here .	· · · <u>- </u>	29a	N/A
30						
	<u> </u>	includes foreign gra			30a	ļ
31						
٠.	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	31a	
32	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra hrough 31a)	ints, check here .		32	
32	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees. List eac	nts, check here h one even if not con		32 nstru	ctions for Part IV.)
32	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra hrough 31a) Employees. List eac O to respond to ar	ints, check here th one even if not con y question in this	npensated. (see the i	32 nstru	ctions for Part IV.)
32	(Grants \$) If this amount Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) Employees. List eac O to respond to ar (b) Title and average	th one even if not conny question in this (c) Reportable compensation	ppensated. (see the i	32 nstru	ctions for Part IV.)
32	(Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees. List eac O to respond to ar	th one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC	npensated. (see the i	32 nstru	ctions for Part IV.)
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	includes foreign gra hrough 31a)	th one even if not conny question in this (c) Reportable compensation	npensated. (see the i	32 nstru	ctions for Part IV.)
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
	The state of the second of the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	1	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	_	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36_		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		· .	١.,
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		No	77,
39	Section 501(c)(7) organizations. Enter:			N.
8	Initiation fees and capital contributions included on line 9			
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	(-24 · ·	1-	1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	,	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100	A CONTRACT	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	, y		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	14.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	ij \$	1
41	List the states with which a copy of this return is filed. ▶ Oklahoma			
42 a		405.52		0
	Located at ► 2501 N. Stiles, Oklahoma City, OK ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	73	105	T
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	168	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	.	ļ, ´	, '
	and Financial Accounts.		. '	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	l	_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	,		
	Form 990-EZ (see instructions)	45b		✓

Form 99	90-EZ (2011)						P	age 4
							Yes	No
46	Did the organization engage, directly or in						7 : [
	to candidates for public office? If "Yes,"							✓
Part	VI Section 501(c)(3) organizations							
	501(c)(3) organizations and secti	on 4947(a)(1) nonex	cempt charitable tru	ists must an	swer qu	estions 47	-49t)
	and 52, and complete the tables							
	Check if the organization used Sc			his Part VI				
						1	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect du	iring the	tax		
••	year? If "Yes," complete Schedule C, Par							
48	Is the organization a school as described i							
49a	Did the organization make any transfers t						•	
	If "Yes." was the related organization a se						-	
b	Complete this table for the organization's					1 1	e an	1 kpv
50	employees) who each received more than	s live highest compen s \$100 000 of comper	sated employees (or	nization If the	re is non	e enter "No	one"	a itey
	employees/ who each received more than	· · · · · · · · · · · · · · · · · · ·	I	(d) Health be		J, 0/110/ 140		
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to	employee	(e) Estimated	l amou	nt of
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, ar		other comp	xensat	on
			<u> </u>	compens	BUON			
			-					
		1						
				i				
		1	1	1	l			
1	Total number of other employees paid of Complete this table for the organization				who onch	rocoived :	more	than
51	\$100,000 of compensation from the organization	anization. If there is no	one, enter "None."	Contractors	WIIO Gaci	i icceiveu	111016	LIIQII
(a	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	/ICB	(C	Compensatio	M	
			1					
					·····			
			1					
								_
		***	-					
			 					
			7	1				
			+	1				
	Table and the state of the stat		0100 000					
ď	Total number of other independent contri			<u> </u>				
52	Did the organization complete Schedule					.		
	nonexempt charitable trusts must attach		· · · · · · · · · · · · · · · · · · ·	• • • •		Yes		No
Under	penalties of penury, I declare that I have examined this	return, including accompar	lying schedules and statem	ents, and to the b	est of my k	nowledge and	l belief	, it is
true, c	orrect, and complete Declaration of preparer (other the	an onicer) is based on all line	ormation of which preparer					
	- Color Mul	u			12-27	7-12		
Sign		1 11		Date				
Here		President				. .		_
	Type or print name and title		d					
Paid	Print/Type preparer's name	Preparer's signature	In V	ate	Check [] rf PTIN		
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I C YAM W	J.K.M.X. I	127/12	self-empk	yed		
	parer		~~~					
llea	parer - Ohlahama Farm Pu	reau	4444	Firm'	s EIN 🕨	73-038	2001	
Use	Only Firm's name > Oklahoma Farm Bu	reau homa City, OK 73105		Firm'		73-038 405.523.		

Form **990-EZ** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization enswered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		hat have filed Form 5768 (election und			
		hat have NOT filed Form 5768 (election			
		to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	x), then
	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name o	of organization			' '	tification number
	on County Farm Bureau				73-0718013
Part		organization is exempt und			organization.
1	Provide a description of t	he organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .			> \$	
3	Volunteer hours			· • • • • • • • • • • • • • • • • • • •	
				164	
Part		organization is exempt und			
1		excise tax incurred by the organiz			
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	-C Complete if the	e organization is exempt und	er section 501(c), except section 501	<u>(c)(3)</u>
1		ly expended by the filing organization			
2		filing organization's funds contril			
		vities			,,
3	•	expenditures. Add lines 1 and 2			
				Ψ.	
4		i file Form 1120-POL for this year			∐Yes ✓ No
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
	the amount of political co	ontributions received that were pro	emptiy and directly	delivered to a separate p	iolitical organization, such
	as a separate segregated	fund or a political action committ	ee (PAC). II additio	T space is needed, prov	Tue information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds, if none, enter -0-	contributions received and promptly and directly
				Tarket in Horio, arter v	delivered to a separate
					political organization If none, enter -0-
					7,0,10,10,10
(1)					<u> </u>
			<u> </u>		
(2)					
			<u> </u>	·	-
(3)					
			 		
(4)					
			-		
(5)			{		
·		-			
(6)					

Schedule C (Form 990 or 990-EZ) 2011

Pa	t II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (ele	oction under
	Check ► ☐ if the filing organization be name, address, EIN, exper	nses, and shar	e of excess lobb	ying expenditur	es).	oup member's
В	Check > if the filing organization ch	ecked box A a	nd "limited cont	rol" provisions a	apply.	
-	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.)		organization's totals	group totals
1:	Total lobbying expenditures to influence	public opinion	grass roots lobby	ing)		
1	b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying))		
	Total lobbying expenditures (add lines 1	a and 1b) .				
	d Other exempt purpose expenditures .					
,	Total exempt purpose expenditures (add	l lines 1c and 1c	d)			
	Lobbying nontaxable amount. Enter			table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:	The state of the s	AF C.
	Not over \$500,000		ount on line 1e.		the same of the sa	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		F
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		That I was to
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or			
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25	% of line 1f)				
i	h Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-				
i	If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that ma columns below.	ide a section 5 See the instruc		not have to com through 2f on p	-	Đ
	Lobbying	Expenditures	During 4-1681 M	eraging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots celling amount (150% of line 2d, column (e))					
	Grassroots lobbying expenditures					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
 	ich "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(£	1)		(b)	
	lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a	Volunteers?					ر د چيور ^د
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			7.37.3.	i più	(*** 1 ₂),
C	Media advertisements?					
d						
0	Publications, or published or broadcast statements?	-				
T	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	 				
h	Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>				
	Other activities?	84100 X	5C%a ₹.			
j	Total. Add lines 1c through 1i	<u> </u>		33 TV		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Sex maga	Con Mark		1.36	. t ₅ ,
þ	If "Yes," enter the amount of any tax incurred under section 4912	4			_	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			(v. 10 07000)	30-1-0- 11	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			des.		
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		1
Part	II-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."				line (3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year		2a			_
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			0-
Par						_
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; o, complete this part for any additional information.	Part I	-A; a	nd Part	: II-B,	line

Schedule C (For	chedule C (Form 990 or 990-EZ) 2011 Page 4					
Part IV	m 990 or 990-EZ) 2011 Supplemental Information (continued)					
	,					

		**				

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Jackson County Farm Bureau

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public ▶ Attach to Form 990 or 990-EZ. Inspection Employer identification number 73-0718013

Form 990EZ, Page 1		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Part 1 - Other Revenue		
Office Reimbursement	\$89,026.77	
CSR Reimbursement	4,380.00	
Rent Income	12,644.00	
Total	\$106,050.77	
Part 1 - Other Expenses		
Office Supplies and Expense	\$5,799.81	
Property Ins. & Taxes	6,374.00	
Interest Expense	2,246.47	
Federal Income Tax	815.54	*
State Income Tax	144.00	
Total	\$15,379.82	
Form 990EZ, Page 2		
Other Assets	Beginning of Year	End of Year
Furniture, Fixtures & Equipment	\$3,215.62	\$1,948.28
Federal Tax Deposit	606.17	200.00
Total	\$3,821.79	\$2,148.28
Other Liabilities		***************************************
Mortgage Payable	\$79,939.00	\$69,946.41
OFB Payable	352.50	351.50
Total For Paperwork Reduction Act Notice, see the	\$80,291.50	\$70,297.91

NAME: TAX NO. TAX YEAR ENDING Jackson County Farm Bureau 73-0718013 8/31/2012

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
Matt Muller	PRESIDENT	NONE	NONE	NONE
19921 E. CR 157 Altus 73521	4 HRS A MONTH			
T. J. Beach	VICE-PRESIDENT	NONE	NONE	NONE
P. O. Box 97 Elmer 73539	4 HRS A MONTH			
Martin Caldwell	SECRETARY	NONE	NONE	NONE
421 Quail Run S. Altus 73521	4 HRS A MONTH			
Bob Howard	TREASURER	NONE	NONE	NONE
15998 CSR 213, Headrick 73549	4 HRS A MONTH			
Tom Buchanan	DIRECTOR	NONE	NONE	NONE
2408 Cherokee Strip Altus 73521	4 HRS A MONTH			
Keeff Felty	DIRECTOR	NONE	NONE	NONE
1216 Wendy Ln Altus 73521	4 HRS A MONTH	_		
Greg Lucas	DIRECTOR	NONE	NONE	NONE
20551 E. CR 175 Elmer 73539	4 HRS A MONTH			